04-19-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

NOBUHARA et al.

Docket:

13409.3US01

Title:

FILTER CARTRIDGE AND PROCESS FOR PRODUCING THE SAME



CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number EL815538393US

Date of Deposit April 18, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D C 20231

By: Ifolanda Hay
Name Yolanda Gray

BOX PATENT APPLICATION

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- Utility Patent Application: Spec. 66 pgs; 17 claims; Abstract 1 pgs. The fee has been calculated as shown below in the 'Claims as Filed' table.
- ∑ 5 sheets of formal drawings
- Certified copy of Japanese applications, Serial No. 2000-126531, filed April 26, 2000 and Serial No. 2000-143672, filed May 16, 2000, the right of priority of which is claimed under 35 U.S.C. 119
- A signed Combined Declaration and Power of Attorney
- Assignment of the invention to Chisso Corporation and Chisso Polypro Fiber Co., Ltd., Recordation Form Cover Sheet
- A check in the amount of \$870.00 to cover the Filing Fee
- \boxtimes A check for \$40.00 to cover the Assignment Recording Fee.
- Other: Information Disclosure Statement; Form 1449, 3 References
- Return postcard

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number	Rate	Fee
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Basic Filing Fee	*************************************	30 23 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/ss	\$710.00
Total Claims	3年後7種背後 。 マキー・ファイン・アイ	, , , , , , , , , , , , , , , , , , ,		
2 re proceeding 17 miles and management and	- marketing and 20 main marketing.	= ************************************	0.00 =	\$0.00
Independent Claims			333	
5 Constitution	- matter there is not 3 and a composition to	$= 2^{2} x^{2} x^$	· · · · · · · · · · · · · · · · · · ·	\$160.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$870.00

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.

P.O. Box 2903, Minneapolis, MN 55402-0903

(612) 332-5300

Name: Curtis B. Hamre

Reg. No.: 29,165 Initials: CBH/kas



(PTO TRANSMITTAL - NEW FILING)